
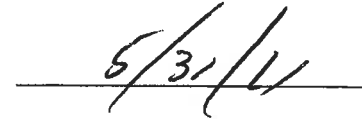


**HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION**

I hereby certify on behalf of \_\_\_\_\_, the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at \_\_\_\_\_, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.

  
Authorized Signatory

  
Date

### Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
ANTI Freeze WASTE	85 gal. ____ lbs. ____ cu. ft.	85 gal. ____ lbs. ____ cu. ft.	ABCD
OIL	100 gal. ____ lbs. ____ cu. ft.	100 gal. ____ lbs. ____ cu. ft.	ABCD
<del>WASTE</del>	85 gal. ____ lbs. ____ cu. ft.	85 gal. ____ lbs. ____ cu. ft.	<del>ABCD</del>
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

### Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
OIL	SAFETY Klean	55	?	
LI	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/ treatment /disposal	85 gal. ____ lbs. ____ cu. ft.	85 gal. ____ lbs. ____ cu. ft.	ABCD
ANTI Freeze	<input type="checkbox"/> Recycled on-site. <input checked="" type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	55 gal. ____ lbs. ____ cu. ft.	55 gal. ____ lbs. ____ cu. ft.	ABCD
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

## Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: 2 EASTERN Rd City: ACTON  
 Date Map Drawn: 5/3/11

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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## Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

PAUL R. McNEIL  
 Owner/Operator's Name (Print)

[Signature]  
 Owner/Operator's Signature

5/3/11  
 Date

----- Do Not Complete below This Line -----

**TOWN OF ACTON  
HAZARDOUS MATERIALS CONTROL BYLAW**

April 1, 2011

Due: \$295

The Doctor

Category: 2, 4, 9, 12

2 Eastern Road

Acton, MA 01720

Site Address

2 Eastern Road Acton, MA 01720

**HAZARDOUS MATERIALS CONTROL PERMIT RENEWAL APPLICATION**

**Categories**

- |  |  |
|--|--|
| 1. Hazardous Waste Generator (\$65)        | 2. Sm. Hazardous Waste Generator (\$45)    |
| 3. Hazardous Materials Generator (\$65)    | 4. Hazardous Materials User (\$45)         |
| 5. Discharge Permit (\$140)                | 6. Remediation Permit (\$140)              |
| 7. Hazardous Waste User (\$65)             | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (\$160) | 10. Haz. Mat. Storer Large Retail (\$170)  |
| 11. Haz. Mat. Storer Small Retail (\$140)  | 12. Haz. Waste Storer Sm. Industry (\$45)  |
| 13. Haz. Waste Storer Retail (\$45)        | 14. Haz. Waste Storer Lge. Industry (\$65) |

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

ESTABLISHMENT NAME:

THE DOCTOR TAIL

ESTABLISHMENT ADDRESS:

2 EASTERN RD

E-MAIL ADDRESS:

ESTABLISHMENT TELEPHONE:

978-263-2273

OWNERS/CORPORATE OFFICERS:

PAUL R MURPHY JR

ADDRESS:

54 EDWARD RD

TELEPHONE:

708-537-0290

ON-SITE MANAGER:

PAUL R MURPHY JR

Maximum Potential Quantity of Materials: Gals/Lbs Stored 55 Used ☒

012

Maximum Potential Quantity of Wastes: Gals/Lbs Stored 55 Used ☒

ADG

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Owner/Applicant

F.I.N. Number

Date

5/3/11

04 2953472

5/1/2011

Expires 5/1/12

Paid: **\$295**

**TOWN OF ACTON  
PERMIT  
HAZARDOUS MATERIALS CONTROL BYLAW  
The Doctor,  
2 Eastern Road Acton, MA 01720**

Is hereby granted a permit to store and use Hazardous Materials at **2 Eastern Road** Acton, MA 01720. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: **2,4,9,12**

\*See below explanation of permit categories

**HAZARDOUS MATERIALS CONTROL PERMIT CATEGORIES AND FEES**

<u>Category</u>	<u>Initial</u>	<u>Renewal</u>
1. Large Hazardous Waste Generator	\$160	\$65
2. Small Hazardous Waste Generator	\$60	\$45
3. Hazardous Materials Generator	\$160	\$65
4. Hazardous Materials User	\$50	\$45
5. Remediation Discharge Permit	\$575	\$140
6. Remediation Permit	\$595	\$140
7. Hazardous Waste User	\$160	\$65
8. Hazardous Materials Storer Large Industry	\$510	\$235
9. Hazardous Materials Storer Small Industry	\$360	\$160
10. Hazardous Materials Storer Large Retail	\$430	\$140
11. Hazardous Materials Storer Small Retail	\$305	\$160
12. Hazardous Waste Storer Small Industry	\$160	\$65
13. Hazardous Waste Storer Retail	\$60	\$45
14. Hazardous Waste Storer Large Industry	\$160	\$65

## **HAZARDOUS MATERIALS CONTROL PERMIT**

### **List of Conditions:**

**The Doctor  
2 Eastern Road  
Acton, MA 01720**

Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
6. Copies of either all invoices or manifests for any Hazardous Materials or Wastes, received or disposed, shall be submitted to the Board of Health annually.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
14. A fire extinguisher, containing an appropriate fire extinguishing agent, shall be placed in the Hazardous Materials Storage area.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.

17. A leak detector monitor and an over flow alarm shall be installed in the underground storage tank and the tank shall be tested annually for tightness with the results submitted to the Board of Health.
21. Gas cylinders shall not be rolled, even for short distances. They shall be moved by a suitable hand truck, in accordance with an OSHA standard that applies.
25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.